

Busse, Joseph Paul 1915 - 1915

FORM V & 1-6004 2-25-12

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

County Newton Registration District No. 582 File No. 2820
 Precinct A Primary Registration District No. 2292 Registered No. 4411
 Inc. Town Cornington (No. 537 W 19th St., 5 Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
 City Cornington
 FULL NAME Joe Paul Busse

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Single</u>	16 DATE OF DEATH <u>May 21, 1915</u> (Month) (Day) (Year)		
6 DATE OF BIRTH <u>March 29, 1913</u> (Month) (Day) (Year)			17 I HEREBY CERTIFY, That I attended deceased from _____, 191____, to _____, 191____, that I last saw h_____ alive on _____, 191____, and that death occurred on the date stated above at _____ m. The CAUSE OF DEATH* was as follows: <u>Acute Malformation Superior Pulvis Arter. Oper. Exhaustion</u> (Duration) _____ yrs. _____ mos. _____ ds.		
7 AGE _____ yrs. _____ mos. _____ ds.		IF LESS than 1 day... hrs. or... min.?		Contributory (SECONDARY) <u>Exhaustion</u> (Duration) _____ yrs. _____ mos. _____ ds.	
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business or establishment in which employed (or employer) <u>None</u>			(Signed) <u>Joseph Mallery</u> , M. D. (Address) <u>Cornington</u>		
9 BIRTHPLACE (State or country) <u>Cornington Ky</u>			*State the DISEASE CAUSING DEATH in HOSPITALS, INSTITUTIONS, TRAINING SCHOOLS OR RESIDENT RESIDENTS At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.		
PARENTS	10 NAME OF FATHER <u>John Busse</u>		Where was disease contracted, if not at place of death? Former or usual residence _____		
	11 BIRTHPLACE OF FATHER (State or country) <u>Cornington Ky</u>		18 PLACE OF BURIAL OR REMOVAL <u>W. 19th St. Cornington Ky May 27, 1915</u>		
	12 MAIDEN NAME OF MOTHER <u>Mary Brackley</u>		19 UNDERTAKER <u>John W. Keddensky of La. County</u>		
13 BIRTHPLACE OF MOTHER <u>La. County Ky</u>			20 ADDRESS <u>Cornington</u>		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>John Busse</u> (Address) <u>537 W 19th St</u>					
15 SIGNATURE OF REGISTRAR <u>John W. Keddensky</u>					

11-3184